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 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	Reg. No. 7,179,191
	Confirmation Number	
	Filing Date	February 20, 2007
	First Named Inventor	Gabor DIOSI, Josef HAUPT and Martin BREHMER
	Group Art Unit	3681
	Examiner Name	Dirk WRIGHT Fax: (571) 273-8300
Total No. of Pages in this Submission: 9	Attorney Docket Number	ZAHFRI P539US

ENCLOSURES (check all that apply)

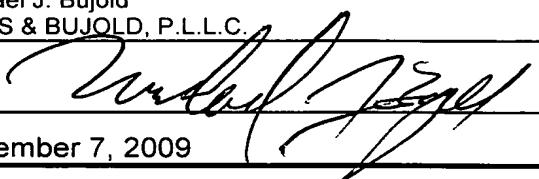
<input checked="" type="checkbox"/> Fee Transmittal Form [1] <small>(in Duplicate)</small>	<input type="checkbox"/> Assignment papers <small>(for an Application)</small>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee attached - Check \$100.00	<input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) <small>Replacement Sheet(s)</small> <small>New Sheet of Fig. 3 [1]</small>	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response 	<input type="checkbox"/> Licensing-related Papers 	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) <small>and Accompanying Petition (DELETED - no longer useful)</small>	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Petition ... 	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request <small>(in Duplicate)</small>	<input type="checkbox"/> Power of Attorney, Revocation <small>Change of Correspondence Address .</small>	<input checked="" type="checkbox"/> Additional Enclosure(s) <small>(please identify below):</small>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer 	<input type="checkbox"/> Request for Certificate of Correction of Patent for Applicant's Mistake (37 CFR 1.323) - 3 pgs.
<input type="checkbox"/> Information Disclosure Stmt 	<input type="checkbox"/> Small Entity Statement 	<input type="checkbox"/> Certificate of Correction (In dupl) - 1 pg
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund 	<input type="checkbox"/> Postcard
<input type="checkbox"/> Response to Missing Part/s Incomplete Application 		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Certificate

REMARKS

DEC 11 2009

of Correction**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	December 7, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on December 7, 2009.

Signature		Date: December 7, 2009 (aag)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$100.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/633,409
August 1, 2003
Gabor DIOSI, Josef HAUPT and
Martin BREHMER
Dirk WRIGHT
3681

Attorney Docket No.

ZAHFRI P539US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP =	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
		\$52/\$26 =			

Indep. Claims -3 or HP +	Extra Claims	Fee (\$)	Fee Paid (\$)		
		\$220/\$110 =			

'HP = highest number of independent claims paid for, if greater than 3.'

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =	Extra Sheets / 50 =	No. of each additional 50 or fraction thereof (round up to a whole number) x	Fee (\$)	Fee Paid (\$)
			\$270/\$135 =	

4. OTHER FEE(S)

Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee for Certificate of Correction

\$100.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: December 7, 2009

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Effective on 12/08/2004.
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DEC 10 2009 **Fee Transmittal**
For FY 2008

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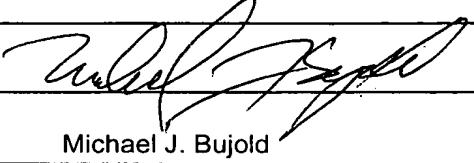
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Other (e.g., late filing surcharge): Fee for Certificate of Correction \$100.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: December 7, 2009